

CITY OF EL PASO, TEXAS
AGENDA ITEM DEPARTMENT HEAD'S SUMMARY FORM

DEPARTMENT: **Comptroller**

AGENDA DATE: **04/19/05**

CONTACT PERSON/PHONE: **Carmen Arrieta-Candelaria/541-4293**

DISTRICT(S) AFFECTED: **Citywide**

SUBJECT:

Resolution authorizing facsimile signatures and Resolution authorizing designated employee positions to sign for the Comptroller and City Clerk

BACKGROUND / DISCUSSION:

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

Pursuant to Section 7.20 of the City Charter, all disbursement of City funds shall be by check or electronic means, signed by the Comptroller and countersigned by the City Clerk or other designees of the City Council. As such, the first resolution authorizes the City to use for the facsimile signatures of the Comptroller and the City Clerk when producing checks. The second resolution authorizes certain positions of the City to sign in the absence of the Comptroller and the City Clerk.

PRIOR COUNCIL ACTION

Has the Council previously considered this item or a closely related one?

Council has approved a resolution in the past by employee name rather than on an employee position basis. In order to reduce the administrative burden of having to return to Council each time an individual vacates a particular position, the City is requesting approval of designee authority to positions rather than to individual names.

AMOUNT AND SOURCE OF FUNDING:

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

There is no direct cost associated with this action..

BOARD / COMMISSION ACTION:

Enter appropriate comments or N/A

N/A

*****REQUIRED AUTHORIZATION*****

LEGAL: (if required) _____ **FINANCE:** (if required) _____

DEPARTMENT HEAD: *Carmen Arrieta-Candelaria*
(Example: if RCA is initiated by Purchasing, client department should sign also)
Information copy to appropriate Deputy City Manager

APPROVED FOR AGENDA:

CITY MANAGER: _____

DATE: _____

RESOLUTION

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

1. That facsimile signatures of the Comptroller and Municipal Clerk are authorized for the following Wells Fargo Bank accounts:

<u>Account Numbers:</u>	<u>Account Descriptions:</u>
9763173243	City of El Paso Concentration Account
9763173292	City of El Paso Payroll Account
9763173284	City of El Paso Pension Payroll Account
9763173250	City of El Paso Employee Health Benefits
9763173375	City of El Paso Workers' Compensation Ward N.A. Administrators
9763173433	City of El Paso Flex Medical Reimbursement Plan Account
9763173417	Plaza Theatre Project

2. That facsimile signatures of the City Tax Assessor and Collector and Municipal Clerk are authorized for the following Wells Fargo Bank accounts:

<u>Account Numbers:</u>	<u>Account Descriptions:</u>
9763173334	Tax Overpayment Refunds Account
9763173342	Prepaid Property Taxes Account
7480012579	City Tax Assessor Account
8377031581	CEP Tax Office Convenience Fee
7480000814	Tax Lockbox Account

3. Confirmation of the individuals in these positions can be verified through the Human Resources Department of the City of El Paso.

4. This resolution supersedes all prior resolutions authorizing signatories for these accounts which are hereby revoked.

ADOPTED THIS 19TH DAY OF April, 2005.

(ALL SIGNATURES ARE FOLLOWING)

CITY OF EL PASO

Joe Wardy
Mayor

ATTEST:

Richarda Momsen
City Clerk

APPROVED AS TO FORM:



Jorge Villegas
Assistant City Attorney

APPROVED AS TO CONTENT:



Carmen Arrieta-Candelaria
Comptroller